

APPENDIX III
CERTIFICATION OF UNDERGROUND STORAGE TANK INSTALLATION Form No. III (6/99)

Facility Name _____ ID # _____ Permit No. _____

Part I. CERTIFICATION OF COMPLIANCE FOR NEW AND MODIFIED TANKS (Complete for each at this location)

Tank Number	Tank No. ____	Tank No. ____	Tank No. ____	Tank No. ____	Tank No. ____
1. Installation					
A. Installation certified by tank and piping manufacturers					
B. Installation inspected by a registered engineer					
C. Installation inspected and approved by the department					
D. Manufacturer's installation checklists have been completed and documented					
E. Another method allowed by the department. Please specify					

Part II. INSTALLER'S CERTIFICATION

I certify the information concerning installation that is provided in section I is true to the best of my belief and knowledge.

Installer Name _____ Signature _____ Date _____

Position _____ Company _____

Part III. OPERATOR'S AND OWNER'S CERTIFICATION FOLLOWING INSTALLATION

Were any changes made to the original installation plans? _____ No _____ Yes - Complete and Submit Part IV

I have received the manufacturer's operations manual, the certification of performance on all permanently installed leak detection equipment (if applicable), and other documentation regarding the equipment that has been installed. Y/N (Operator) _____ OR Y/N (Owner) _____

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete.

Operator's Name _____ Operator's Signature _____

Owner's Name _____ Owner's Signature _____

Part IV. CHANGES TO ORIGINAL INSTALLATION PLANS (Complete this Part only if changes were made to the original installation plans)

FINANCIAL RESPONSIBILITY (Check all that apply)

___ Self Insurance ___ Commercial Insurance ___ Risk Retention Group ___ Guarantee ___ Surety Bond ___ Letter of Credit ___ Trust Fund ___ Exempt: State or Federal Agency ___ Other Method Allowed (Specify)

DESCRIPTION OF TANK(S) (Complete for each at this location)

Tank Number	Tank No. __	Tank No. __	Tank No. __	Tank No. __	Tank No. __
1. Status of Tank (Mark only one)					
A. Currently in Use					
B. Temporarily Out of Use (Also complete Section X)					
C. Permanently Out of Use (Also complete Section X)					
D. Installed prior to _____ but not yet brought into use					
E. To be installed					
2. Proposed Date of Activity (Installation, Modification, Closure, etc.) (mo./day/year)					
3. Estimated Total Capacity (gallons)					
4. Substance Stored					
A. Gasoline					
B. Diesel					
C. Gasohol					
D. Kerosene					
E. Used Oil					
F. JP-4					
G. Non-Petroleum Hazardous Substance (CERCLA name and/or CAS #)					
H. Mixture of Substances, Please specify					
I. Other, Please specify					
5. Substance Compatible with Tank and Piping (Y/N)					
6. Tank (Mark all that apply)					
A. Primary Containment Material					
i. Fiberglass reinforced plastic (FRP)					
ii. Steel					
iii. Other, Please specify					
B. Secondary Containment Material					
i. Double walled					
a. FRP					
b. Steel					
c. Other, Please specify					

ii. Other secondary containment										
a. FRP										
b. Other, Please specify										
C. Corrosion Protection (except FRP tanks)										
i. Fiberglass coated steel										
ii. Double walled steel										
iii. Impressed current system										
iv. Sacrificial anode system										
v. Corrosion expert determination										
vi. Other, Please specify										
7. Piping (Mark all that apply)										
A. Primary Containment Material										
i. Rigid fiberglass										
ii. Flex piping										
iii. Other										
B. Type of Secondary Containment										
i. Lined trench										
ii. Rigid double walled piping										
iii. Flex double walled piping										
iv. Other										
C. Corrosion Protection (except FRP piping)										
i. Fiberglass coated steel										
ii. Impressed current system										
iii. Sacrificial anode system										
iv. Corrosion expert determination										
v. Other, Please specify										
8. Method of Product Dispensing										
A. Suction										
B. Safe Suction										
C. Pressure										
D. Not Applicable										
9. Spill and Overfill Prevention										
A. Overfill device installed										
i. Automatic shutoff device										
ii. Overfill alarm										
iii. Ball float valve										
B. Spill device installed										
10. Release Detection (Mark all that apply)	TANK	PIPE	TANK	PIPE	TANK	PIPE	TANK	PIPE	TANK	PIPE
A. Manual tank gauging		NA		NA		NA		NA		NA

B. Tank tightness testing		NA		NA		NA		NA		NA
C. Inventory control		NA		NA		NA		NA		NA
D. Automatic tank gauging		NA		NA		NA		NA		NA
E. Vapor monitoring										
F. Groundwater monitoring										
G. Interstitial monitoring										
H. Statistical inventory reconciliation										
I. Automatic line leak detectors	NA		NA		NA		NA		NA	
J. Line tightness testing	NA		NA		NA		NA		NA	
K. Other method approved by the department. Please specify										
11. Tank or Pipe Repaired (Y/N)										
A. Date										
B. Description of repair										

FACILITY DRAWING

Include a drawing showing the general layout of the facility. This drawing should be no larger than 11 by 17 inches and preferably to scale.

This drawing should show the following:

- A. The property boundaries of the facility;
- B. Identification of streets, roads and nearby bodies of water;
- C. Identification of nearby facilities;
- D. Tax Map Key (TMK) Numbers;
- E. Location of buildings at the facility;
- F. The approximate dimensions of the property boundaries and major buildings;
- G. Location of all USTs (identified by number consistent with the tank numbers in Sections IX - X), dispenser pumps, and associated pipings; and
- H. Indication of North/South direction.

NEW OR UPGRADED TANKS

Tank Number	Tank No. ____	Tank No. ____	Tank No. ____	Tank No. ____	Tank No. ____
1. Tank					
A. Manufacturer/Model					
B. Underwriter Laboratory (UL) #					
C. Leak Detection Permanently Installed Equipment Manufacturer/Model					
2. Piping					
A. Primary containment					
i. Manufacturer/Model					
ii. Diameter in inches					
iii. UL #					
B. Secondary containment					
i. Manufacturer/Model					
ii. Diameter in inches					
iii. UL #					
C. Leak Detection Permanently Installed Equipment Manufacturer/Model					
D. Dispenser drip pan. Make/Model					
3. Tank Pump. Manufacturer/Model					

4. Risers					
A. Spill containment bucket					
i. Manufacturer/Model					
ii. Capacity in gallons					
B. Overfill device					
i. Mechanical. Make/model					
ii. Electronic. Make/model					